

Case Number:	CM14-0091683		
Date Assigned:	07/25/2014	Date of Injury:	09/13/2001
Decision Date:	10/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 75 year old employee with date of injury of 9/13/2001. Medical records indicate the patient is undergoing treatment for post laminotomy pain syndrome; status-post multiple laminectomies (1990, 2003) fusion revision surgeries (last 2003); chronic left lumbar radiculitis; long history of narcotic dependency; chronic pain syndrome; GERD; sleep disorder, daytime somnolence; chronic prostatitis. Subjective complaints include ongoing back pain. The Percocet and Norco are helpful with breakthrough pain and allow him to stay active. Without these medications, the pain is severe and his activity level decreases. Due to severe gastritis he cannot handle anti-inflammatories. Objective findings include stiff antalgic gait, positive Yeoman test bilaterally and positive straight leg raise bilaterally. He has pain to palpation throughout the lumbar musculature with decreased range of motion (ROM). Extension is limited at 10 degrees and lateral bend to 20. He has decreased sensory to pinwheel at left L3 through S1 dermatome. He has decreased strength in the lower extremity a 3+/%+ at quadriceps gastrocnemius and tibialis anterior. He has trace knee reflexes and absent bilateral ankle reflexes. Treatment has consisted of Percocet, Norco, Lexapro Prevacid, Prilosec, Nexium, Aciphex and a home walking and exercise program. He has been on Percocet, Norco and Lexapro since at least 11/2012. The utilization review determination was rendered on 5/20/2014 recommending non-certification of Percocet 10/325mg, #100.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet since November 2012, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". While the treating physician does note pain relief and increased functionality, the treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, the setting of goals with the medication, or a documented pain contract. In addition, the patient is also on Norco, another opioid medication. This is redundant. As such, the request for Percocet 10/325mg #100 is not medically necessary.